

CLAIM OF: DEEANNA C. BELOKUR

2046 Chastain Park Court Atlanta, Georgia 30342

For damages alleged to have been sustained as personal injuries due to fall into an open water meter on July 22, 2000 at Chastain Park.

THIS ADVERSED REPORT IS APPROVED

BY:

ROSALIND RUBENS NEWELI

DEPUTY CITY ATTORNEY

CONSENT AGENDA

DERTIFIED

RANGOLAGIAN

SIN COUNCIL JUL 1 6 2001

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PUBLIC SAFTEY &

ECAL ADMINISTRATION COMMITTEE

DATE

CHAIR

Kerry Disery



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

July 26, 2001

Deeanna C. Belokur 2046 Chastain Park Court Atlanta, Georgia 30342

01-R-1062

Dear Ms. Belokur:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 16, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L0619</u>	 	Date	: <u>June 28, 2001</u>	
Claimant /VictimDEEANNA (C. BELOKUR			
BY: (Atty) (Ins. Co.)		· · · · · · · · · · · · · · · · · · ·		
Address: 2046 Chastair	Park Court, Atlanta, C	Georgia 30342		
Subrogation: Claim for Pror	erty damage \$)	Bodily Injury \$	732.82
Subrogation: Claim for Prop Date of Notice: 09/21/00	Method: Written, 1	proper X	Imr	proper
Conforms to Notice: O.C.G.A. §36-3	$\overline{3-5}$ X	Ante Lit	tem (6 Mo.)	X
Conforms to Notice: O.C.G.A. §36-3 Date of Occurrence 07/22/00	Place:	Chastain Park	(
Department	Division:			
DepartmentEmployee involved	Dis	ciplinary Action	1:	
NATURE OF CLAIM: The claimant	alleges that she was ini	ured when she s	tenned into an on	en water meter. The
claim was forwarded to United Water	Services Atlanta for ha	indling and their	insurance carrie	r. The Travelers, has
settled this claim with the claimant.				
INVESTIGATION:				
Statements: City employee	Claimant O	thers	Written	Oral
Pictures Diagrams	Reports: Police	Dent Ren	ort	Other
Traffic citations issued: City Driver	Cl	aimant Driver		
Citation disposition: City Driver	Cla	imant Driver		
BASIS OF RECOMMENDATION Function: Governmental		nisterial		
Function: Governmental More that City not involved X	n Six Months	Other	Damages reas	sonable
City not involved X	Offer rejected	Com	promise settleme	ent
Repair/replacement by Ins. Co.	Re	pair/replacemen	nt by City Forces	
Claimant Negligent City	y Negligent	Joint	Claim Abando	oned
	ı	Respectfully sub	omitted,	
	_	aligía	2) THE ME	
]	INVESTIGATO	OR - ALEXIS HO	DLMES
RECOMMENDATION;				
	$/ \sim$			
Pay \$ Advers	e X / Accou	nt charged: 1A	01 <u> </u>	2H01
Claims Manager: // //	Macisary	Concur/date	14-28-9	<u> </u>
Committee Action:	Co	ouncil Action		
FORM 23-61				

09-21**-**00864: RE: CLAIM FOR DAMAGES COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 ENTERED - 10-9-00 - SB 00L0619 - ALEXIS HOLMES Dear Municipal Clerk: This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 732.82 and/or \$ 732.82 About bodily in the sum of \$ 732.83 and/or \$ 132.82 Now bodily injury for which I contend the City is liable. 1. Date of incident: 2. Time of Incident: 9,23 pm 3. Police called: No 4. Location of incident (including street address) (chastan park) Name of your insurance company: 1 6. State what and how incident occurred: \(\frac{7}{Was}\) TO INSPECTION. THE MAKING OF FALSE CL YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: No Veh, the damages occurred (Make) (Year) (Tag Number) (Driver's Name) Witness: Janes Gordon (2046 Chattain park Court (1-607-533-7395 (Name) (Address) 17-Handa 6.17-3.342 (Telephone Number) 10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by

State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.
1/12/ Kild

Cell = 678-595-8272

WORL - 404-633-3331

Dee Ana C Belokur
(Print Claimant's Name)

46 Chastain park Court

Atlanta, 6.A 30342 (City, State and Zip Code)

<u>Y04-633-333</u>/ <u>678-595-827</u>2 (Work Number) (Home Number)

RCS# 2995 7/16/01 2:24 PM

01-O-0995 01-R-1065

Atlanta City Council

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Regular Session

CONSENT

Pages 1 through 16

ADOPT

YEAS: 13 NAYS: 0 SEE ATTACHED LISTING OF ITEMS ADOPTED/ADVERSED

ABSTENTIONS: 0 ITEMS ADOPTED/ADVER

NOT VOTING: 1 ON CONSENT AGENT EXCUSED: 0

ABSENT 2

Y Thomas Y Moore B McCarty Y Dorsey ITEM (S) REMOVED FROM Y Emmons Y Starnes Y Woolard Y Martin **CONSENT AGENDA** Y Alexander Y Bond B Morris Y Maddox 01-O-0992 01-R-1108 Y Boazman NV Pitts Y Winslow Y Muller 01-O-0710 01-R-1041 01-O-0711 01-R-1042 01-O-1089 01-R-1043

		07/16/01 Council Meetin
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ON CONSENT	ON CONSENT	ON CONSENT
AGENDA	AGENDA	AGENDA
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3. 01-O-0855	39. 01-R-1031	75. 01-R-1071
4. 01-O-0890	40. 01-R-1032	76. 01-R-1072
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31. 01-R-1024	67. 01-R-1062	
32. 01-R-1025	68. 01-R-1063	
33. 01-R-1026	69. 01-R-1064	
34. 01-R-1027	70. 01-R-1066	
35. 01-R-1028	71. 01-R-1067	
36. 01-R-1107	72. 01-R-1068	